

**St. Clair County Community Mental Health Authority**  
**Student Evaluation Form**

Date: \_\_\_\_\_

To Whom It May Concern,

\_\_\_\_\_ a student from \_\_\_\_\_ was seen by the  
Student/Individual (Name of School)

Mobile Crisis Unit/Central Intake Unit. Parent/Guardian permission to assess the student was provided by:

\_\_\_\_\_  
Parent/Guardian Name

St. Clair County Community Mental Health staff interviewed the student and based on that single interview it was determined:

- ☐ The student meets criteria for inpatient mental health admission
- ☐ The student does not meet the criteria for inpatient admission
- ☐ The student/parents were recommended to follow up with: \_\_\_\_\_

Parent/guardian has signed release for the following agencies and understands that the clinician will share information with the following:

School: _____	Telephone/Fax: _____
Agency: _____	Telephone/Fax: _____
Law Enforcement/Security: _____	Telephone/Fax: _____

St. Clair County Community Mental Health Authority Mobile Crisis/Central Intake Unit interview provides a point in time pre-screening for immediate admission to a behavior unit. If criteria is not met for immediate admission to a behavioral health unit, other follow-up recommendations may be provided. A pre-screening cannot make a determination of a student's risk to self or others therefore St. Clair County Community Mental Health Authority does not provide any kind of clearance or assessment of risk for the student to return to school.

Per agency procedure and recommendations resulting from a crisis services interview, as a precaution, the family has been instructed to lock up or remove all firearms and/or any weapons from the home.

Sincerely,

\_\_\_\_\_  
Signature/Credential

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date